

FILED SEP 11 1941

Registration District No. 297

Primary Registration District No. 5414

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural "St. Johns Twp."
(c) Name of hospital or institution Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community _____
years, months or days) 1

3. (a) PRINT
FULL NAME

BERNARD JOHN HOLTMEYER

3. (b) If veteran,
name war. none

3. (c) Social Security
No. none

4. Sex Male

5. Color or
race White

6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife
none

6. (c) Age of husband or wife if
alive none years

7. Birth date of deceased Dec.
(Month)

31 - 1891
(Day) (Year)

8. AGE:

Years 49 Months 7 Days 4
If less than one day
hr. min.

9. Birthplace

Franklin Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name George Holtmeyer

13. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Altmeueller

15. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant

Mr. Harry Holtmeyer

(b) Address

Washington, Mo. RR-2

17. (a)

Rural (b) Date thereof 8-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Kiackow, Mo.

18. (a) Signature of funeral director

Alfred

(b) Address

Washington Mo.

19. (a)

Aug. 6-1941 (b) Ne May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. St. Johns Twp. #44
(If rural, give location)
(e) If foreign born, how long in U. S. A. none years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1941 hour 8:15 minute PM

21. I hereby certify that I attended the deceased from 1938

that I last saw him alive on 8/1/41 to 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Admia

Decomposition

Due to Ch. Pyoemia

Due to 936

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

(e) Means of injury

23. Signature W. P. D. (M. D. or other) M.D.

Address Washington, Mo. Date signed 8/6/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

none other
working under my personal supervision.

....., Registered Apprentice No.....

Signed: *Henry W. Otto*

Licensed Embalmer No. *3560*

P. O. Address *Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.